

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under 29 U.S.C. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13725</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Timothy</u> <u>Smith</u> P.O. Box, Bldg., Room No., if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>	4. Name, file number, and address of labor organization. Name <u>Actors' Equity Association</u> Labor Organization File Number <u>006-029</u> P.O. Box, Building and Room Number, if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>
5. Position in labor organization. <u>DEVELOPING THEATRES BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Will Geer Theatricalum Botanicum</u> <u>(Winters Tale - Watch on the Rhine)</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>1419 N. Topanga Canyon Blvd.</u> City <u>Topanga</u> State <u>California</u> ZIP Code + 4 <u>90290</u>	7.a. Nature of Interest, Transaction, or Income. <u>Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential grievances, research potential claims, identify unreported employees, meet with labor/management re concerns.</u> 7.b. Amount. <u>no cash value</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/13/05</u> (323) 634-1750 x 315 Date Telephone Number

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## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT



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1. File Number U -

13725

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Timothy Smith

P.O. Box, Bldg., Room No., if any

Street 5757 Wilshire Blvd., Suite One

City Los Angeles

State California ZIP Code + 4 90036

4. Name, file number, and address of labor organization.

Name Actors' Equity Association

Labor Organization File Number 006-029

P.O. Box, Building and Room Number, if any

Street 5757 Wilshire Blvd., Suite One

City Los Angeles

State California ZIP Code + 4 90036

5. Position in labor organization.

DEVELOPING THEATRES BUSINESS REPRESENTATIVE

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name The Colony Theatre/Ladies of the Camillas

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 555 N. Third St.

City Burbank

State California ZIP Code + 4 91502

7.a. Nature of Interest, Transaction, or Income.

Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential greivances, research potential claims, identify unreported employees, meet with labor/management re concerns.

7.b. Amount.

no cash value

Signature

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Signed

*Timothy Smith*

On

8/13/05

Date

(323) 634-1750 x 315

Telephone Number

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## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT



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3. Name and address of person filing.

Name Timothy

Smith

P.O. Box, Bldg., Room No., if any

Street 5757 Wilshire Blvd., Suite One

City Los Angeles

State California

ZIP Code + 4 90036

4. Name, file number, and address of labor organization.

Name Actors' Equity Association

Labor Organization File Number 006-029

P.O. Box, Building and Room Number, if any

Street 5757 Wilshire Blvd., Suite One

City Los Angeles

State California

ZIP Code + 4 90036

5. Position in labor organization.

DEVELOPING THEATRES BUSINESS REPRESENTATIVE

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Rubicon Theatre Company / waiting for Trilogy

Trade Name, if any: Godot

P.O. Box, Bldg., Room No., if any

Street 1006 E. Main Street

City Ventura

State California

ZIP Code + 4 93001

7.a. Nature of Interest, Transaction, or Income.

Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential grievances, research potential claims, identify unreported employees, meet with labor/management re concerns.

7.b. Amount.

no cash value

Signature

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Signed

On

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(323) 634-1750 x 315

Telephone Number

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3. Name and address of person filing. Name <u>Timothy</u> <u>Smith</u> P.O. Box, Bldg., Room No., if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>	4. Name, file number, and address of labor organization. Name <u>Actors Equity Association</u> Labor Organization File Number <u>006-029</u> P.O. Box, Building and Room Number, if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>
5. Position in labor organization. <u>Developing theatrics Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>The Colony Theatre/Grand Hotel</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>555 N. Third St.</u> City <u>Burbank</u> State <u>California</u> ZIP Code + 4 <u>91502</u>	7.a. Nature of Interest, Transaction, or Income. <u>Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential greivances, research potential claims, identify unreported employees, meet with labor/management re concerns.</u> 7.b. Amount. <u>Ø no cash value</u>

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1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Timothy Smith

P.O. Box, Bldg., Room No., if any

Street 5757 Wilshire Blvd., Suite One

City Los Angeles

State California ZIP Code + 4 90036

4. Name, file number, and address of labor organization.

Name Actors' Equity Association

Labor Organization File Number 006-029

P.O. Box, Building and Room Number, if any

Street 5757 Wilshire Blvd., Suite One

City Los Angeles

State California ZIP Code + 4 90036

5. Position in labor organization.

Developing Theatre Business Representative

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Rubicon Theatre Company / The Night

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 1006 E. Main Street

City Ventura

State California ZIP Code + 4 93001

7.a. Nature of Interest, Transaction, or Income.

Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential grievances, research potential claims, identify unreported employees, meet with labor/management re concerns.

7.b. Amount.

no cash value

Signature

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Signed

[Signature]

On

8/13/05

Date

(323) 634-1750 x-315

Telephone Number

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3. Name and address of person filing. Name <u>Timothy</u> <u>Smith</u> P.O. Box, Bldg., Room No., if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>	4. Name, file number, and address of labor organization. Name <u>Actors' Equity Association</u> Labor Organization File Number <u>006-029</u> P.O. Box, Building and Room Number, if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>
5. Position in labor organization. <u>Developing Theatres Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>The Fountain Theatre / Exits and Entrances</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>5060 Fountain Avenue</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90029</u>	7.a. Nature of Interest, Transaction, or Income. <u>Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential grievances, research potential claims, identify unreported employees, meet with labor/management re concerns.</u> 7.b. Amount. <u>no cash value</u>

Signature

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Signed <u>Timothy Smith</u>	On <u>8/13/05</u> Date	(323) 634-1750 x 315 Telephone Number

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5. Position in labor organization. <u>Developing theatres Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Winged Lion Players/godspell</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>1014 S. Sierra Thruway Ave</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90019</u>	7.a. Nature of Interest, Transaction, or Income. <u>Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential grievances, research potential claims, identify unreported employees, meet with labor/management re concerns.</u> 7.b. Amount. <u>no cash value</u>

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Signed <u>[Signature]</u>	On <u>08/13/05</u> (323) 634-1750 x 315 Date Telephone Number

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3. Name and address of person filing. Name <u>Timothy Smith</u> P.O. Box, Bldg., Room No., if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>	4. Name, file number, and address of labor organization. Name <u>Actors' Equity Association</u> Labor Organization File Number <u>006-029</u> P.O. Box, Building and Room Number, if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>
5. Position in labor organization. <u>Developing Theatres Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Bark Productions, LLC/Bark</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>435 N. Niagara Street</u> City <u>Burbank</u> State <u>California</u> ZIP Code + 4 <u>91505</u>	7.a. Nature of Interest, Transaction, or Income. <u>Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential grievances, research potential claims, identify unreported employees, meet with labor/management re concerns.</u> 7.b. Amount. <u>no cash value</u>

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3. Name and address of person filing. Name <u>Timothy</u> <u>Smith</u> P.O. Box, Bldg., Room No., if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>	4. Name, file number, and address of labor organization. Name <u>Actors' Equity Association</u> Labor Organization File Number <u>006-029</u> P.O. Box, Building and Room Number, if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>
5. Position in labor organization. <u>Developing Theatres Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>San Diego Repertory Theatre / Earthquake Surv</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>79 Horton Plaza</u> City <u>San Diego</u> State <u>California</u> ZIP Code + 4 <u>92101</u>	7.a. Nature of Interest, Transaction, or Income. <u>Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential greivances, research potential claims, identify unreported employees, meet with labor/management re concerns.</u> 7.b. Amount. <u>no cash value</u>

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3. Name and address of person filing. Name <u>Timothy</u> <u>Smith</u> P.O. Box, Bldg., Room No., if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>	4. Name, file number, and address of labor organization. Name <u>Actors' Equity Association</u> Labor Organization File Number <u>006-029</u> P.O. Box, Building and Room Number, if any Street <u>5757 Wilshire Blvd., Suite One</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036</u>
5. Position in labor organization. <u>Developing Theatres Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>East West Players / M-Butterfly</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>1720 No. Judge John Aiso St.</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90012</u>	7. a. Nature of Interest, Transaction, or Income. <u>Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential greivances, research potential claims, identify unreported employees, meet with labor/management re concerns.</u> 7. b. Amount. <u>no cash value</u>

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3. Name and address of person filing.

Name Timothy Smith

P.O. Box, Bldg., Room No., if any

Street 5757 Wilshire Blvd., Suite One

City Los Angeles

State California ZIP Code + 4 90036

4. Name, file number, and address of labor organization.

Name Actors' Equity Association

Labor Organization File Number 006-029

P.O. Box, Building and Room Number, if any

Street 5757 Wilshire Blvd., Suite One

City Los Angeles

State California ZIP Code + 4 90036

5. Position in labor organization.

Developing theatres Business Representatives

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name The Leo Company / The Producers  
m tour San Jose, CA

P.O. Box, Bldg., Room No., if any

Street 6M- 729 7th Ave, 12th Floor

City New York

State New York ZIP Code + 4 10019

7.a. Nature of Interest, Transaction, or Income.

Theatre ticket provided access to AEA job sites to inspect safe/sanitary cond., enforce contract compliance, investigate potential grievances, research potential claims, identify unreported employees, meet with labor/management re concerns.

7.b. Amount.

no cash value

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature]

On

8/13/05

Date

(323) 634-1750 x 315

Telephone Number